

DOCUMENT # 730026

1. Entity Name

MARKHAM "J" CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-25-2000 90324 001 15,006.25

Principal Place of Business

201 MARKHAM J
DEERFIELD BEACH FL 33442

Mailing Address

201 MARKHAM J
DEERFIELD BEACH FL 33442-2736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

50-1921753

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORANGIZ. OF CENT.VILL E
 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-2085

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$51.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10.

OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	ROTHMAN, FREDA	
STREET ADDRESS	MARKHAM J 194	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TS	☐ Delete
NAME	BELLINGER, BILL	
STREET ADDRESS	410 S. POWERLINE RD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	☐ Delete
NAME	KOOLKIN, BENJAMIN	
STREET ADDRESS	201 MARKHAM J	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ Delete
NAME	SACKS, ESSIE	
STREET ADDRESS	MARKHAM J 212	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	RUBENS, EDWIN	
STREET ADDRESS	MARKHAM J 193	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
TITLE	D	☐ Change ☒ Addition
NAME	WEIL, DAVID	
STREET ADDRESS	MARKHAM J 211	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BENJAMIN KOOLKIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC37 (9/99)